

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035588

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 254Primary Registration District No. 4386Registrar's No. 52

STATE FILE NUMBER

FILED SEP 26 1962

1. PLACE OF DEATH

a. COUNTY

Oregon

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Thayer

Length of stay in 1b

10 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Oregon

c. CITY
OR TOWN Thayer

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Jerry

Middle

A.

Last

Pearson

4. DATE
OF DEATH

Month

Sept. 16

Day

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-6-1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman (retired)

10b. KIND OF BUSINESS OR INDUSTRY

Hardware Salesman

11. BIRTHPLACE (City and state or country)

West Point, Ga.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John T. Pearson

13b. MOTHER'S MAIDEN NAME

Mary E. Mayhew

14. NAME OF HUSBAND OR WIFE

May Donahoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

May Pearson, Thayer, Missouri

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bacterial Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

1 day

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Asthma - Bronchitis - Pneumonia

2 yr

DUE TO (c)

Myocardial Infarction - Sudden

2 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7:20 P. 1962 to Sept 16 1962 and last saw him alive on Sept 16 1962
Death occurred at 7:20 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-18-1962

23c. NAME OF CEMETERY OR CREMATORY

Thayer Cemetery

23d. LOCATION (City, town, or county)

Thayer, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Carter Funeral Home, Thayer, Mo.

25. DATE RECD. BY LOCAL REG.

9-18-62

26. REGISTRAR'S SIGNATURE

(Signature)

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10750

20750

3

4 0

5 1

6

7 1

8 0

9501X

10

11

1290-0

133-0

OCT 19 1962

Remains obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 8516

P. O. Address West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.